

Effects of Mentoring and Assertiveness Training on Adolescents' Self-Esteem in Lagos State Secondary Schools

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Abstract

The study investigated the effects of Mentoring and Assertiveness Training on Adolescents' self-esteem in Lagos State secondary schools. A total of 96 adolescents (48 males and 48 females) drawn from three public schools randomly selected from three Education Districts in Lagos State constituted the final sample. The dependent variables for this study were self-worth and gender. Descriptive survey and quasi-experimental design using the pre-test post-test control group design were adopted for the study. Two instruments used to generate data for the study were: Adolescents' Personal Data Questionnaire (APDQ) and Rosenberg Self-Esteem Scale (RSE). Two research questions were raised and two corresponding hypotheses were formulated to guide the study. The two hypotheses were tested using the one-way Analysis of Covariance (ANCOVA) at 0.05 levels of significance. Hypotheses 1 was rejected while hypothesis 2 was accepted. The findings revealed that mentoring and assertiveness training were efficacious in raising adolescents' self-esteem. The study also found that the significant effect of mentoring and assertiveness training on adolescents' self-esteem was not due to gender. In the light of these findings, a number of recommendations were made, one of which is that teachers and schools' management should promote peer-mentoring programme in schools because of the numerous advantages it has over traditional mentoring.

Keywords: mentoring, assertiveness training, self-Esteem

1. Introduction/Background

Adolescence is the period of transition from childhood to adulthood that is usually accompanied by rapid physiological changes and demands for new social roles. Due to these changes, particularly when an adolescent is unable to transit successfully, he tends to manifest some unhelpful psychological, emotional and behavioural consequences such as low self-worth, lack of self-confidence, unassertiveness, social-anxiety, depression, eating disorder and others. Therefore, understanding self-esteem is basic to understanding adolescence because the level of self-esteem affects all aspects of a person's life and the ability to maximize one's potential (Coopersmith, 2002).

Branden (1969) defined self-esteem as the experience of being competent to cope with the basic challenges of life and being worthy of happiness. It is in line with this definition that Mruk (2006) concluded that it is the relationships between competence and worthiness that is at the heart of self-esteem.

Going by the definition and description above, self-esteem has cognitive, affective and evaluative elements. The affective component is delineated by the fact that self-esteem is both directional (negative or positive) and variant in its intensity, while the underlying thought process towards the self-either specifically or in totality- form the cognitive component of self-esteem.

According to Mruk (2006), high self-esteem correlates positively with rationality, realism, intuitiveness, creativity, independence, flexibility, ability to manage change, willingness to admit mistakes, benevolence and cooperation. Low self-esteem correlates with irrationality, blindness to reality, rigidity, fear of the new and unfamiliar, low self-worth, lack of self-confidence, social-anxiety, depression, feelings of inadequacy, inappropriate conformity or inappropriate rebelliousness, defensiveness, an overly compliant or controlling behaviour and fear of or hostility toward others.

Going by Branden and Mruk's view on self-esteem, the focus of any intervention to raising self-esteem should be on increasing worthiness and competence. It is on this note that the researcher considered mentoring and assertiveness training as possible intervention strategies for raising adolescent self-esteem (worthiness and competence) of adolescents.

Mentoring, which is a neglected technique for increasing low self-esteem is a relationship in which the adult provides ongoing guidance, instruction and encouragement aimed at developing the competence and character of the protégé (Rhodes, 2002)..

Akinteye, (2012) posits that mentoring can be traditional, group, peer, electronic or reverse. He also noted that in peer-mentoring, mentees often feel freer to express ideas, ask questions and take risks because peers are closer in age, knowledge, authority and cognitive development than adult mentors. These similarities often make it easier for mentors to understand personal problems that the mentee may be experiencing and present solutions in a more empathetic, understanding and relevant way. Judging from the above assertions, peer-mentoring can impact on the adolescents in terms of increased academic achievement, improved interpersonal skills, personal development and increased opportunity to learn by imitation.

Assertiveness training on the other hand has been explained by Okoli (2002) as a form of communication in which needs or wishes are stated clearly with respect for oneself and the other person in an interaction. Okoli (2002) further explained that assertiveness training is a training used in helping people to reduce their fear of acting appropriately in social and interpersonal situations. Assertiveness training techniques include broken records, fogging, free information, self-disclosure, negative assertion, transactional analysis, role-playing and modeling.

Although the concept of self-esteem has its origin in American culture (James, 1890; Branden, 1969; Rosenberg, 1965), it has become a common feature in Nigerian literature and settings. According to Osarenren, Ubangha & Oke (2008), study of self-esteem has become necessary because of the implications of high and low self-esteem has on individuals. Youth restiveness, violent behaviour, hooliganism, gangsterism, poor academic performance are some of the problems associated with low self-esteem and are prevalent among adolescents in Nigerian secondary schools, hence the need to investigate the effectiveness of mentoring and assertiveness training for treating the problems of low self-esteem and its attendant consequences.

2. Statement of the Problem

To persons with low self-esteem, many things come into play and many things appear as consequences of this condition. These include low self-worth, lack of self-confidence, social-anxiety, depression, eating disorder, poor communication, poor performance and poor social life (Mecca, Smelser & Vasconcellos, 1989).

It is also disturbing to note that people with low self-esteem are always hyper-vigilant, as they are constantly anxious and fearful of making mistakes and overtly anxious of the behaviour of others. They are rarely assertive, as they are often too fearful of upsetting others, to tell the truth, ask for what they want, or share their feelings. Instead, they become passive until their anger builds up at points which they become aggressive, defensive, sarcastic, rude or violent as it is the case with domestic, gang and teen violence (Baumeister, Campbell, Krueger and Vohs (2003).

Equally worrisome are other problems associated with low self-esteem such as eating disorder, mind reading and projection, obsessive and addictive behaviour, overly critical of self and others, reactionary, rigidity, self-focused and unreasonable expectations (Baumeister, et. al, 2003).

3. Theoretical Framework

There are three theoretical considerations to this study, namely:

1. Psychosocial Development Theory by Erikson (1968)
2. Self-Discrepancy Theory by Higgins (1987)
3. Social Development Theory by Lev - Vygotsky (1978).

4. Erikson's Psychosocial Development Theory

Erikson (1968) believed that personality develops in a series of stages. Erikson's theory describes the impact of social experience across the whole lifespan. One of the main elements of Erikson's psychosocial stage theory is the development of ego identity. Ego identity is the conscious sense of self that we develop through social interaction. In addition to ego identity, Erikson also believed that a sense of competence motivates behaviours and actions.

Erikson (1968) outlined eight stages of psychosocial development in his theory. The goal of the first four stages—trust, autonomy, initiative and industry—is to create the foundation for the successful negotiation of the fifth stage in which the adolescent must form a stable identity and achieve a sense of self. While social issues such as "fitting in with the group" are important at this point, Erikson (1968) emphasizes the importance of achieving an individual identity based on self-knowledge and continuity of experience.

The core concept of Erikson's theory is the acquisition of an ego-identity and the identity crisis is the most essential characteristic of adolescence. Although a person's identity is established in ways that differ from culture to culture, the

accomplishment of this developmental task has a common element in all cultures. In order to acquire a strong and healthy ego-identity, the child must receive consistent and meaningful recognition of his achievements and accomplishments.

In other words, if the adolescent is not supported in his transition drive, instead of identity formation, the individual will have identity confusion leading to low self-worth, lack of self-confidence and social-anxiety. The adolescents in the current study who failed to achieve developmental task of identity formation as postulated by Erikson (1968) often develop low self-esteem which this study sought to address through mentoring and assertiveness training.

5. Self-Discrepancy Theory

Self-discrepancy theory, according to Higgins (1987) states that people compare themselves to internalized standards called self-guide. This different representation of the self can be contradictory and result in emotional discomfort such as low self-evaluation and anxiety in social situations. Self-discrepancy is the gap between two of this self-presentations. Higgins theorized that self-esteem depends on self-guides or personal standards that individuals like to meet. Discrepancies between self-guides and how things are actually going for an individual cause negative emotions such as anxiety or sadness and possibly low self-esteem.

Higgins (1987) describes three types of self-domains: (1) the "actual self" which is one's representation of the attributes that are believed (by oneself or another) to be possessed by an individual; (2) the "ideal self" which is one's representation of the attributes that someone (either oneself or another) would like one to possess; and (3) the "ought self" which refers to the attributes that someone (oneself or another) believes one should possess. When the gap between the actual self and the ideal self is wide and the individual is unable to satisfy that domain of contingencies, there is bound to be a general discontent and internal crisis leading to low self-esteem. This position is in line with the concept of low self-esteem which is a subjective self-evaluation of self. This evaluation is usually based on perceived conflict between ideal self and actual self.

The current study attempts to remediate low self-esteem developed by adolescents which could have been caused by self-discrepancies.

6. Social Development Theory

The work of Lev Vygotsky (1978) has become the foundation of much research and theory in cognitive development over the past several decades, particularly of what has become known as Social Development Theory. Vygotsky's theories stress the fundamental role of social interaction in the development of cognition (Vygotsky, 1978), as he believed strongly that community plays a central role in the process of "making meaning."

In order to gain an understanding of Vygotsky's theories on cognitive development, one must understand two of the main principles of Vygotsky's work: the More Knowledgeable Other (MKO) and the Zone of Proximal Development (ZPD).

7. More Knowledgeable Other

The more knowledgeable other (MKO) refers to someone who has a better understanding or a higher ability level than the learner with respect to a particular task, process, or concept. Although the implication is that the MKO is a teacher or an older adult, this is not necessarily the case. Many times, a child's peers or an adult's children may be the individuals with more knowledge or experience. Nevertheless, the MKO need not be a person at all because electronic tutors have also been used in educational settings to facilitate and guide students through the learning process. The key to MKOs is that they must have (or be programmed with) more knowledge about the topic being learned than the learner does.

8. Zone of Proximal Development

The concept of the More Knowledgeable Other is integrally related to the second important principle of Vygotsky's work, the Zone of Proximal Development. This is an important concept that relates to the difference between what a child can achieve independently and what a child can achieve with guidance and encouragement from a skilled partner. Vygotsky (1978) sees the Zone of Proximal Development as the area where the most sensitive instruction or guidance should be given - allowing the child to develop skills they will then use on their own - developing higher mental functions.

Vygotsky (1978) also views interaction with peers as an effective way of developing skills and strategies. He suggests that teachers use cooperative learning exercises where less competent children develop with help from more skillful peers - within the zone of proximal development. Vygotsky's theories also feed into current interest in collaborative learning, suggesting that group members should have different levels of ability so more advanced peers help the less advanced peers.

The two principles of Vygotsky's theory which are learning involving a more knowledgeable other (MKO) and the Zone of Proximal Development (ZPD) describes peer-mentoring which the researcher used as intervention strategy for modifying low self-esteem.

9. Purpose of the Study

The primary purpose of the study is to determine the effect of mentoring and assertiveness training on adolescents' self-esteem in Lagos State secondary schools. Specifically, the purpose of the study is to:

1. Evaluate the effect of experimental conditions (mentoring, assertiveness training and control) on participants' post-test self-esteem.
2. Examine the effect of experimental conditions on participants' self-esteem due to gender.

10. Research Questions

The following questions were raised to guide the study:

1. Would there be any significant difference in the post-test self-esteem of participants in the three experimental groups (mentoring, assertiveness training and control group)?
2. Would there be any significant difference in post-test self-esteem of participants in the three experimental groups due to gender?

11. Research Hypotheses

The following hypotheses were formulated:

1. There is no significant difference in the post-test mean scores of participants' self-esteem in the three experimental conditions (mentoring, assertiveness training and control group).
2. There is no significant difference in post-test mean scores of participants' self-esteem in the three experimental groups due to gender.

12. Significance of the Study

1. The findings of this study would be of immense benefits to the adolescents because it would equip them with the strategies for dealing with problems of low self-esteem and its related consequences.
2. The findings will exposed the need for peer-mentoring and assertiveness training programmes in secondary schools as tools for assisting adolescents in coping with challenges associated with developmental transition from childhood to adulthood.

13. Scope of the Study

The study covered a sample of Nigerian adolescents whose ages ranged between 12 and 20 years who are resident in Lagos State. The participants were drawn from senior secondary schools from three of the six education districts in Lagos State. This study was delimited to gender and self-esteem (self-worth). In addition, the treatment of low self-esteem was restricted to the use of peer-mentoring and assertiveness training.

14. Literature Review

14.1 Self-Concept and Self-Esteem

Teachers, administrators and parents commonly express concerns about students' self-esteem. Its significance is often exaggerated to the extent that low self-esteem is viewed as the cause of all evil and high self-esteem as the cause of all good (Manning, Bear & Minke, 2006).

Promoting high self-concept is important because it relates to academic and life success, but before investing significant time, money and effort on packaged programmes, principals should understand why such endeavours have failed and what schools can do to effectively foster students' self-esteem and self-concept.

Although the terms self-concept and self-esteem are often used interchangeably, they represent different but related constructs. Self-concept refers to a student's perceptions of competence or adequacy in academic and nonacademic (such as social, behavioural and athletic) domains and is best represented by a profile of self-perceptions across domains. Self-esteem is a student's overall evaluation of himself or herself, including feelings of general happiness and satisfaction (Harter, 1999). Simply put, self-concept is the descriptive aspect of the self, while self-esteem is the evaluative part of the self.

15. Effects of Gender on Adolescents' Self-Esteem

Gender is generally assumed to impact upon the growth, demonstration and manifestation of self-esteem. Several researchers studied self-esteem and gender among students and found that there is a significant difference in self-esteem between male and female students (Sar Abadani Tafreshi, 2006).

Several studies indicate that sex differences exist among adolescents' self-esteem (Groer, Thomas & Shoffner, 2002; Cooper & Sheldom, 2002). More specifically, girls tend to report significantly more negative self-esteem life than boys

across all ages of adolescence as well as higher levels of stress. Consistent with this finding, Plunkett, Radmacher & Moll-Phanara (2000) studied among 207 high school students and they found that adolescent girls reported higher levels of self-esteem and more use of coping strategies than boys.

Block and Robins (1993) discovered gender differences in self-esteem. They found that self-esteem was interpersonally oriented for adolescent girls, while for boys self-esteem was person-oriented. Thus, while self-esteem was related to the masculine trait of unique superiority for boys, high self-esteem was related to interconnectedness with others for adolescent girls (Joseph, Marcus & Tafarodi, 2006).

According to Greenberg (2001), the loss of self-esteem for adolescent females is directly connected to their academic achievement and career goals. This finding is corroborated by Niregi (2000) that gender differences in student self-concept toward science learning were related to their actual success in science courses. He also found that female students possessed greater feelings of inadequacy for achievement than did their male classmates. In another research conducted by Taylor, Peplau & Sears (2000), it was found that there are no significant differences in academic self-esteem between adolescence boys and girls.

16. The Concept of Mentoring and Peer-mentoring

According to Donaldson, Ensher and Grant-Vallone (2000), mentoring is a term generally used to describe a relationship between a less experienced individual called a mentee or protégé and a more experienced individual known as a mentor. Donaldson et al. (2000) viewed mentoring as a dyadic, face-to-face, long-term relationship between a supervisory adult and a novice student that fosters the mentee's professional, academic or personal development. Stephen and Gareth (1999) described mentoring as a process where one person offers help, guidance, advice and support to facilitate the learning or development of another person.

Inerhumwunwa (2009) opined that mentoring relationship is between a mentor and a mentee or protégé (a person guided and protected by a more experienced person). It is important to acknowledge that the term "mentor" is borrowed from the male guide, Mentor, in Greek mythology, and this historical context has informed traditional manifestations of mentoring.

Akinteye, (2012) hinted that peer mentors should not be confused with prefects (students who have been given limited, trusty-type authority over other students). Peer-mentoring is a good way of practising social skills for the mentor and helps the mentee adapt to a new setting. Most peer mentors are picked for their sensibility, confidence, social skills and reliability (Bozeman & Feeney, 2007).

17. The Concept of Assertiveness and Assertiveness Training

According to Sully and Dallas (2005), assertiveness is the ability to express one's feeling and assert one's right while respecting the feelings and right of others and the core of interpersonal behaviour and a key to human relations. Okoli (2002) defined assertiveness as the proper expression of emotion other than anxiety, openness, directness, spontaneity and appropriateness.

Olayinka and Omoegun (2001) described assertiveness as standing up for one's right and expressing one's thoughts as well as feelings in a direct, honest and appropriate manner. It is the ability to represent to the world what you really are, to express what you feel when you feel it is necessary. It is the ability to express your feelings and your rights, respecting the feelings and rights of others.

Akinteye (2012) opined that if well-taught, assertiveness training can help the adolescent to recognize when they are being abused or maneuvered for someone else's benefit and how to resist such treatment effectively without becoming angry and aggressive. It emphasizes the value of clear, calm, frank communication as a means of establishing relationships in which everyone knows where they stand and no-one feels ill-used.

18. Methodology

18.1 Research Design

The research designs adopted for this study are descriptive survey (comparison of the pre and post-test) and quasi-experimental pretest- post-test control group design. Quasi-experimental design is a design in which experimental participants are assigned randomly from a common population to the experimental and the control groups.

18.2 The Study Area

The study was carried out in Lagos State. The research area was chosen because Lagos is a metropolitan city with high density population of adolescents from all parts of the country. According to the Lagos State Digest of Statistics (2011), Lagos State has 20 Local Government Areas, 37 Local Council Development Areas (LCDA) and 254,238 students in the 305 Senior Secondary Schools in the State (125,350 male; 129, 238 female).

18.3 Population

The target population comprised all the adolescents in Senior Secondary School two (SS2) in Lagos State. SS 2 students were used for this study because they are considered to be free from the pressure associated with the Senior Secondary School Examinations and other examinations.

18.4 Sample and Sampling Procedure

Participants for the study were randomly drawn from three of the six Education Districts in Lagos State. Multistage simple random sampling technique was used to select participants for this study

18.5 Instrumentation

Adolescents Personal Data Questionnaire (APDQ) and Rosenberg Self-Esteem Scale (RSE) were used to gather data for this study.

18.6 Data Collection Procedure

The pre-test was carried out two weeks before the experimental treatments. All experimental participants were exposed to 6 treatment sessions spread over 6 weeks with an average of two hours per session. The post treatment session was carried out two weeks after the last treatment session, making eight weeks in all per treatment.

19. Treatment Programme

19.1 Mentoring

Session I – Matching of the Mentors with mentees and introduction to mentoring.

The researcher matched the mentors with mentees. Socio-gram was used to do the matching. The researcher discussed the concept of mentoring and self-esteem with both the mentors and the participants. Rules and regulations guiding the programme were reinforced during this meeting. Questions were asked and the researcher responded appropriately.

Session II: Use of Role-Model/Peer-Model.

Researcher met with the mentors to discuss the content of their log book. Mentors discussed and role-played some of the steps for increasing self-esteem with the participants. Self help handout containing steps for raising self-esteem were given to the participants. Mentors served as role-play partners. Mentees were instructed to start conversation with an unfamiliar person in anxiety provoking social situation. Mentees were instructed to concentrate on both verbal and non verbal aspects of the role models as they demonstrate eye contact and engage in communication.

Session III: Social-skills training.

The researcher met with the mentors before the mentors met with the mentees. The mentor introduced the mentees to the concept of social skills. Its meaning, examples of social skills and characteristics of people who lack social skills were discussed. It was an interactive session.

Session IV: Increasing competence through problem Solving.

The researcher met with the mentors to assess and review the activities of the previous week. The researcher also used the platform to discuss some problem-solving techniques with the mentors ahead of the activities of session. Mentors discussed and role-played problem solving techniques with the mentees.

Session V: Increasing worthiness by removing self-esteem traps.

The researcher met with the mentors to assess and review the activities of the previous sessions. The mentors used the opportunity to discuss how to increase worthiness by removing negative thoughts that can cause low self- esteem. Mentees were asked to describe who they are as individuals (Self- disclosure).

Session VI: Summary and Revision: The mentors reviewed the activities of the previous sessions with the mentees. Mentors gave mentees opportunity to comment on the mentoring sessions and how they have benefited from it. Mentees were asked to make contributions with examples of self-esteem traps. The treatment session was terminated.

19.2 Assertiveness Training

Session I: The researcher introduced the concept of assertiveness, described some misconceptions about assertiveness, reasons why individuals become unassertive, effects of not being assertive and what factors stop people from being assertive.

Session II: The goal of this session was to show the participants how to recognize the differences between passive, aggressive and assertive communication and introduced the verbal and non-verbal characteristics of each communication style. The researcher demonstrated assertive behaviour in a role- playing situation.

Session III: The researcher introduced the concept of how adolescents' thinking can stop them from being assertive. He

identified a number of unhelpful thoughts and then gave the more assertive counterpart to these thoughts. This session was followed by role- playing.

Session IV: The researcher introduced a number of techniques designed to help participants become more assertive (Broken-record, fogging, self-disclosure, negative assertion and I- statements). This exercise was followed by role-playing.

Session V: The researcher discussed the effects of not being able to say “no” with the participants. He identified a number of unhelpful thoughts that may make it difficult for participants to say “no”. He helped them come up with a more helpful thinking style. He introduced a number of ways to say “no”. This session was followed by questions and answers.

Session VI: The goal of this session was to identify the different types of criticism and why participants may have trouble responding well to criticism. It looked at the underlying beliefs which may stop them from being able to deal with criticism and help them come up with a more helpful thinking style. The researcher summarized the activities of session one to six. Participants were encouraged to ask questions concerning the training while the researcher was on ground to answer those questions. The participants were called out one after the other to make comment on the training. The training session was terminated.

19.3 Control Group

The researcher repeated the same method he used for selecting the participants in the treatment groups (administration of Index of Self-Esteem). Thereafter, he administered the APDQ, RSE, SCQ and FNES to the participants to obtain their pre-test scores. The control group was on the waiting list (that is the participants were not exposed to any treatment), but were exposed to an aspect of assertiveness training so that they could also benefit from the research. The control group was post-tested after eight weeks to obtain their post-test scores.

19.4 Data Analysis

Hypothesis 1:

There is no significant difference in the posttest mean scores of participants’ self-esteem in the three experimental groups (Mentoring, Assertiveness Training and Control).

Table 1. Descriptive Data of Pre and Post-test mean scores of the participants’ Self-esteem based on Experimental Groups

| Experimental Groups | Pre-test | | | Post –test | | Mean Difference |
|---------------------|----------|-------|------|------------|------|-----------------|
| | N | Mean | SD | Mean | SD | |
| Mentoring | 32 | 15.94 | 1.99 | 20.10 | 3.02 | 4.16 * |
| AT | 32 | 15.00 | 2.35 | 18.54 | 3.30 | 3.54 n.s. |
| Control | 32 | 16.28 | 2.32 | 18.28 | 2.70 | 2.00 * |
| Total | 96 | 15.74 | 2.22 | 18.97 | 3.08 | 3.33 |

*Significant, $P < 0.05$ n.s = not significant

The descriptive data presented in Table 1 indicates that the three experimental groups obtained mean scores ranging from 15.00 for Assertiveness Training (AT), 15.94 for mentoring to 16.28 for the control group at pretest. Table 1 further show that at post test, the mentoring group recorded the greatest improvement in their self-esteem scores with a mean difference of 4.16, followed by assertiveness training (AT) with mean difference of 3.54, while the control group recorded the lowest mean change of 2.00. To determine if these differences were statistically significant, the ANCOVA results in Table 5 were displayed.

Table 2. One-Way Analysis of Covariance (ANCOVA) of difference in post-test mean scores of participants’ Self-esteem in the three experimental groups

| Source of Variation | Sum of Squares | Df. | Mean Square | F-cal | Sig. of F |
|---------------------|----------------|-----|-------------|-------|-----------|
| Model | 103.33 | 3 | 34.44 | 3.97 | .010* |
| Covariates | 48.25 | 1 | 48.25 | 2.85 | .081 |
| Experimental groups | 58.47 | 2 | 29.23 | 3.37 | .039* |
| Residual | 799.157 | 92 | 8.686 | | |
| Total | 902.490 | 95 | | | |

* Significant, $P < 0.05$. n. s. = not significant

F critical, d. f. (1, 92) = 3.94; F critical, d. f. (2, 92) = 3.09; F critical, d. f. (3, 92) = 2.70).

The result in Table 5 shows that a calculated F- value of 3.37 resulted as the difference among the three experimental groups. This F- value is statistically significant since it is greater than the critical F- value of 3.09, given 2 and 9 degree of

freedom at 0.05 level of significant.

Therefore hypothesis one is rejected. This implies that the alternate hypothesis is upheld since F value for the experimental groups was statistically significant. It was therefore necessary to determine where the differences lie. In order to achieve this, Post Hoc comparison was conducted using Least Square Difference (LSD) in self-esteem across the three experimental conditions as presented in Table 6 below.

Table 3. Multiple comparison of difference in post-test self-esteem scores of participants in the three experimental groups

| (I) Group | (J) Group | Mean Difference (I-J) | Std Error | Sig. |
|-----------|-----------|-----------------------|-----------|------|
| Mentoring | AT | 1.25 | .75 | .10 |
| | Control | 1.81* | .75 | .02* |
| AT | Mentoring | -1.25 | .75 | .10 |
| | Control | -.56 | .75 | .46 |
| Control | Mentoring | -1.81* | .75 | .02* |
| | AT | -.56 | .75 | .46 |

*significant, $P < 0.05$; n. s. = not significant

The mean difference is significant at the .05 level

Evidence from Table 6 shows that there is no significant difference between mentoring and assertiveness training (AT) (mean difference= 1.25; $P > 0.05$ =.10); significant difference exists between mentoring and control group (mean difference=1.81; $P < 0.05$); no significance difference exists between assertiveness training and control group (mean difference of .56; $P > 0.05$) at 0.05 level of significance.

In summary, it was observed that the mentoring was more effective in improving self-esteem of participants than assertiveness training. The difference was not statistically significant. However, statistically significant difference exists between mentoring and control group.

Hypothesis 2:

There is no significant difference in the post-test mean scores of participants' Self-esteem in the three experimental groups due to gender.

Table 4. Descriptive Data of Pre and Post-test mean scores of adolescents' Self-esteem in the three experimental groups due to gender.

| Experimental Groups | Gender | Pre-test | | | Post -test | | Mean Difference |
|---------------------|--------|----------|-------|------|------------|------|-----------------|
| | | N | Mean | SD | Mean | SD | |
| Mentoring | Male | 16 | 16.18 | 1.68 | 21.00 | 2.78 | 4.82 |
| | Female | 16 | 15.69 | 2.30 | 19.19 | 3.06 | 3.50 |
| | Total | 32 | 15.94 | 1.99 | 20.10 | 3.02 | 4.16 |
| AT | Male | 16 | 16.56 | 1.90 | 18.56 | 3.63 | 2.00 |
| | Female | 16 | 13.44 | 2.80 | 19.12 | 3.03 | 5.68 |
| | Total | 32 | 15.00 | 2.35 | 18.54 | 3.30 | 3.84 |
| Control | Male | 16 | 15.63 | 2.42 | 18.19 | 3.06 | 2.56 |
| | Female | 16 | 16.94 | 2.21 | 18.38 | 2.39 | 1.44 |
| | Total | 32 | 16.28 | 2.32 | 18.28 | 2.70 | 2.00 |
| Total | Male | 48 | 16.13 | 2.00 | 19.25 | 3.35 | 3.12 |
| | Female | 48 | 15.35 | 2.44 | 18.90 | 2.81 | 3.55 |
| | Total | 96 | 15.74 | 2.22 | 19.07 | 3.08 | 3.33 |

The descriptive data presented in Table 4 indicates that the pre-test self-esteem scores for both male and female across the three experimental conditions were similar. For male, the respective mean score ranged from 15.63 in control group, 16.18 in mentoring and 16.56 in assertiveness training (AT). For female, their main scores ranged from 13.44 for assertiveness training, 15.69 for mentoring group and 16.94 for control group.

Table 4 further shows that (at post-test) for the mentoring group, the males recorded the greatest improvement mean difference of 4.82, as against 3.50 for female; for assertiveness training, female recorded the greatest improvement with mean difference of 5.68, while the males have a mean difference of 2.0; for control group, male recorded the highest mean difference of 2.56 while female has a mean difference of 1.44. In summary, it is observed that male participants' self-esteem appreciated in mentoring than female, while assertiveness training impacted more on female participants than their male counterparts. To determine if these differences were statistically significant, the ANCOVA results in Table 5

were displayed.

Table 5. 2 X 3 Analysis of Covariance (ANCOVA) on difference in post-test mean scores of participants' self-esteem in the three experimental groups due to gender

| Source of Variation | Sum of Squares | df | Mean Square | F-cal | Sig. of F |
|---------------------|----------------|-----------|-------------|-------|-----------|
| Model | 145.92 | 6 | 24.32 | 2.86 | .014* |
| Covariates | 45.63 | 1 | 45.63 | 5.37 | .023* |
| Experimental groups | | | | | |
| Gender | 58.38 | 2 | 29.19 | 3.43 | .037* |
| Group x Gender | .388 | 1 | .388 | .046 | .831 |
| | 42.20 | 2 | 21.10 | 2.48 | .089 |
| Residual | 756.57 | 89 | 8.50 | | |
| Total | 902.490 | 95 | | | |

* Significant, $P < 0.05$; ns. = not significant

Gender Effects= F-critical at 0.05 (1, 89) = 3.96

The result in table 14 shows that there is no significant difference in the post-test mean self-esteem scores of participants in the three experimental groups due to gender.

Table 5 also shows that there is no significant difference in the post-test scores of participants' self-esteem in the three experimental groups due to interaction effects of gender and experimental conditions. Therefore hypothesis two is accepted.

20. Summary of Findings

1. Mentoring and assertiveness training were effective for raising self-worth of adolescents in Lagos state secondary schools.
2. Effects of treatment conditions on the participants' self-worth in the three experimental groups were not due to gender.
3. Discussion of findings of the study is presented below:

20. Discussion

Hypothesis one stated that there is no significant difference in post-test mean scores of participants' self-esteem in the three experimental groups. The findings showed that there was a significant difference in the post-test scores of participants' self-esteem in the three experimental groups (mentoring, assertiveness training and control). This finding is in agreement with the findings of a research conducted by Nelson (2003), that mentees in peer- mentoring programme reported increases in self-confidence, self-esteem, communication ability and problem solving skills.

The finding is also in line with a position maintained by Omoegun (2005) that there is need for some role-models for the adolescents to redirect their energies towards rewarding and satisfactory behaviour in them. Therefore, mentoring is found to be an effective intervention strategy for modifying adolescents' self-esteem because adolescents with low self-esteem responded positively and their self-worth rose compared to what it was before treatment.

The finding also supported the effectiveness of assertiveness training as an intervention programme for modifying low self-esteem in adolescents. This finding corroborated the position maintained by Shirk, Burwell and Harter (2006) that when adolescents are exposed to training that will enable them to have regard for who they are and are able to say no to negative influence from their peers, they tend to manifest authentic level of self-esteem. The content of assertiveness training modules used in this study which set out to specifically develop these attributes in adolescents must have contributed to the improvement in their post-test self-esteem scores. Regular contact between the mentors and the mentees might have also contributed to the significant effect of mentoring on adolescents' self-esteem.

A post hoc comparison of the result revealed that mentoring impacted more positively on the adolescents' self-esteem than assertiveness training and the control group.

Hypothesis two stated that the significant difference in post-test mean scores of adolescents' self-confidence in the three experimental groups was not due to gender. This finding is in support of the outcome of a research conducted by Mathew (2009) on 120 adolescents in Southern California secondary school which shows that gender plays no significant role in adolescents' self-esteem.

This finding however contradicts the submission of Block and Robins (1993), who discovered that gender, played a significant difference in adolescents' self-esteem. They found out that self-esteem was interpersonally oriented for adolescent girls, while it is person oriented for boys. The findings of this research also contradicted the position maintained by Ayeni (2011) that sex difference is a strong determinants in adolescents' self-esteem because of the

important roles played by the female in child growth and development.

The findings of this study did not show any gender difference in the effects of treatment conditions on the self-esteem of adolescents in secondary schools possibly because the content of the treatment package in both mentoring and assertiveness training group did not give any consideration to the gender of the participants. Participants were given equal treatment regardless of their gender.

21. Conclusion

Based on the findings of this study, the following conclusions were reached:

1. Mentoring and assertiveness training were effective for raising self-esteem of adolescents in Lagos state secondary schools.
2. Effects of treatment conditions on the participants' self-esteem in the three experimental groups were not due to gender.

22. Implications for Counseling

Findings of this study have the following implications for counseling:

1. Adolescents with low self-esteem hardly seek treatment, it is therefore imperative for counsellors to increase the general public's awareness of this problem in adolescents.
2. Based on the favourable treatment results, it is important for counsellors who work with children and adolescents to take advantage of mentoring and assertiveness training as treatment strategy for assisting adolescents with low self-esteem.

23. Recommendations

Based on the findings of the study, the following recommendations were made:

1. Mentoring and assertiveness training were found to be efficacious for raising adolescents' self-esteem; therefore these two programmes should be adopted by management of schools.
2. Assertiveness training for adolescents should focus not only on how to increase their self-esteem but on how adolescents can be assertive and say no to sex, drug and bullies.
3. Teachers and schools management should promote peer-mentioning in schools, because of its numerous advantages over traditional mentoring.

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